

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Off</i>	<i>48</i>	<i>6/19/00</i>
O.I.P.E. CLASSIFIER			<i>6/23/00</i>
FORMALITY REVIEW		<i>71672</i>	<i>8/3/00</i>
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Final	Original	8/19/02	11/27/04	7/16/04	Date
1	✓	✓	✓	✓		
2	✓	✓	✓	✓		
3	✓	✓	✓	✓		
4	✓	✓	✓	✓		
5	✓	✓				
6	✓	✓				
7	✓	✓	✓	✓		
8	✓	✓	✓	✓		
9	✓	✓				
10	✓		✓			
11	✓	✓	✓	✓		
12	✓	✓	✓	✓		
13	✓	✓	✓	✓		
14	✓	✓	✓	✓		
15	✓	✓	✓	✓		
16	✓	✓	✓	✓		
17	✓	✓	✓	✓		
18	✓	✓	✓	✓		
19	✓	✓	✓	✓		
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If more than 150 claims or 10 actions  
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## Best Available Copy